



STORAGE AND USE OF PESTICIDES QUESTIONNAIRE

NAME OF NATIONAL CEMETERY

SIGNATURE OF CEMETERY DIRECTOR

DATE

NOTE: The use of this form is required to comply with NCS Directive 3410 and NCS Handbook 3410, Pesticide Certification and Procedures. This form, when completed, will be included in the National Cemetery records as required by NCS Directive 3410, paragraph 5, Records and Reports.

QUESTIONS

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|---|------------------------------|-----------------------------|
| 1. Is the storage space for pesticides adequate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are all your pesticides in one approved area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Are the pesticides and herbicides kept separate? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Is the area securely locked and signs posted to indicate danger? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Are pesticides kept in original containers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are unlabeled pesticides disposed of? (An approved landfill?) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are the labels read to see what protective clothing is recommended? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8. Are the signal words checked to take necessary precautions including changing clothes and washing after each handling? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9. Are items such as rubber gloves and shoes discarded when small holes appear? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10. Do you know what to do if a pesticide is spilled on you? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11. Are absorbent materials on hand in case of a spill? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12. Is there a check valve to prevent back-siphoning into the water supply? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 13. Is the equipment maintained so it doesn't leak and leave toxic puddles? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 14. Is the spray tank overfilled? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 15. Are empty containers and equipment rinsed three times after each use? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 16. Is the rinsing water disposed of appropriately? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 17. Are pesticide drums disposed of in a legal way? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 18. Are spray equipment and pesticides kept away from children and visitors? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 19. Are wind conditions checked before applying pesticides? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 20. Is the spray area checked to make sure animals, children and adults are not near? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 21. Are the safest chemicals always used? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 22. Do you purchase only what you can use? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 23. Are biological controls used such as nematodes? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 24. Is there an eye rinse available? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 25. Are you mixing chemicals on a containment pad, where available? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 26. Is the mixing area located away from springs and water ways to avoid contamination if a spill occurs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 27. Does the local fire department have a list of chemicals you are storing and using? (They should have.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 28. Are the Material Safety Data Sheets (MSDS) available to employees? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 29. Are you keeping records of all pesticides applied, quantities, locations, wind velocity and direction, costs and dates as required by Federal and State agencies? (See NCS Directive 3410, paragraph 5, Records and Reports.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SIGNATURE OF PERSON PERFORMING SURVEY/USING PESTICIDES

DATE